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ABSTRACT

This resource package is designed to: (1) provide factual information to students in three critical areas: what Acquired Immune Deficiency Syndrome (AIDS) is, how it can be transmitted, and how it can be prevented; and (2) provide auxiliary information and strategies for use at the discretion of the high school in a number of disciplines; e.g., guidance, science, biology, home economics, lifestyles. In addition to providing basic factual information in the form of one or more classes, an assembly or audio-visual presentation, the auxiliary information would provide students with an opportunity to face, discuss, and integrate the decisions they must take to avoid high-risk behavior and promote positive lifestyle decisions. (JD)

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ED3015566

TEACHING ABOUT AIDS

HIGH SCHOOL

SP0307738

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Manitoba Education

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Bill Soprovich, Science Consultant, Curriculum Development and Implementation Branch, Manitoba Education

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Dr. Margaret Fast, Director, Communicable Disease Control
Pat Matusko, Coordinator, AIDS Program, Communicable Disease Control
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HIGH SCHOOL AIDS INFORMATION

Rationale

This resource package is designed to:

1. provide factual information to students in three critical areas: what AIDS is, how it is transmitted and how it can be prevented.

2. provide auxiliary information and strategies for use at the discretion of the high school in a number of disciplines; e.g., Guidance, Science, Biology, Home Economics, Lifestyles.

In addition to providing basic factual information in the form of one or more classes, an assembly or audio-visual presentation, the auxiliary information would provide students with an opportunity to face, discuss and integrate the decisions they must take to avoid high-risk behaviour and promote positive lifestyle decisions.

A health-promotion focus is particularly useful in AIDS Education because it emphasizes the general influence of lifestyle on social-emotional, physical, intellectual, cultural and spiritual well-being in the individual. In other words, a student is encouraged to take the knowledge, skills and attitudes gained and translate these into actions that eliminate or reduce health-compromising behaviour and increase behaviour that is health enhancing. Personal behaviour related to AIDS prevention is stressed throughout the auxiliary materials. The emphasis on sound decision making and self-responsibility promote the goal of preventing AIDS through education and social action. Students are capable of making wise decisions. The facts of AIDS are ominous, but each student has the ability to avoid exposure to this disease.

Although the factual information can be delivered in a number of ways--an audio-visual presentation, an assembly, a featured health resource person, or a classroom setting, the auxiliary information would be most effectively delivered in a classroom where students feel comfortable and secure. The teacher should feel at ease leading small-group activities and should be able to communicate with students using sensitivity and tact. The strategies are intended to help students act on their knowledge and skills and to make positive decisions about their health. The responsibility for the selection of teaching ideas/strategies remains at the school division level. Modification of the strategies may be made to suit the needs and interests of students and the needs of their community.

The prime responsibility for education on sexual issues, including AIDS Education, rests with the family. Parents play a vital role in education about this serious health threat and might be encouraged to participate in either a parents' meeting or a school assembly event to provide feedback on the proposed lessons. Notifying parents about the lessons and asking for their support and feedback is recommended.

The instructional package is a minor modification of material developed by the Ontario Ministry of Education in September 1987 which is contained in Education About AIDS. The material is used with permission.

Overheads are those developed by the Vancouver School Board which are used with its permission.

Goals

The resource package provides students with opportunities to:

1. become aware of the disease, AIDS,
2. understand the ways in which AIDS is transmitted,
3. understand the ways in which the disease can be prevented,
4. understand the need for responsibility and honesty in dealing with sexually transmitted diseases such as AIDS,
5. understand the importance of practicing positive lifestyle behaviour to avoid the disease, AIDS.

Resources to Support the Curriculum

AIDS Education - 10-12 (videorecording)
1 videorecording (59:05) min.) sd. col.
SUMMARY: This tape consists of the three programs plus a Manitoba Educational Television wraparound in which Dr. Margaret Fast, Director of Communicable Disease Control, Manitoba Health, is interviewed. Following the wraparound, the programs are presented in the following sequence: "AIDS: What Everyone Needs to Know" (revised edition), "The Immune System and AIDS," and "AIDS: The Facts, The Future." It is recommended for use in high school by the Curriculum Development and Implementation Branch, Manitoba Education.
Audience level: Grades 10-12, Adult
Availability: January, 1988
For loanable copy: 1/2" beta I - VR616.9792 A31 b
1/2" VHS - VR616.9792 A31 v
For dubbed copy: VT-1340

Information about the disease AIDS is based on information available as of of November, 1987.

TOPIC: **AIDS: What You Need To Know**

STUDENT OBJECTIVES:

The student will be able to:

1. know the cause, nature, and development of the disease, AIDS,
2. differentiate the three stages of the disease,
3. explain how AIDS is transmitted and why it may be a potential danger to high school students and society in general,
4. identify positive lifestyle behaviour that promotes health and reduces AIDS risk,
5. recognize responsible behaviour in responding to this disease.

SUGGESTED STUDENT ACTIVITIES:

- Participate in an AIDS Quiz for students.
- Participate in an illustrated lecture and discussion about AIDS and HIV infection--cause, nature of disease, methods of transmission, and prevention.
- View a film, video or other audio-visual resource on AIDS.

OR

- Participate in a lecture/discussion by a public health professional on the topic of AIDS and other sexually transmitted diseases.

REQUIRED MATERIALS:

- Student Activity: AIDS Facts and Fallacies Quiz
- Teacher Background Notes: Questions and Answers About AIDS

RESOURCES:

1. Public health nurse or doctor
2. AIDS: Senior High Series Video; "The Immune System and AIDS," "AIDS: What You Need to Know," and AIDS: The Facts, The Future."
3. Yarber, William L. AIDS: What Young Adults Should Know. Teacher's Guide and Student Booklet. Vancouver: Douglas and McIntyre, 1987.
4. Overheads
5. Pamphlets: AIDS and Other Sexually Transmitted Diseases
6. Health and Welfare Canada. AIDS in Canada: What You Should Know. 1986.
7. Suzuki, David. David Suzuki Talks About AIDS. Toronto: General Publishing, 1987.

DESCRIPTION OF THE LESSON

I. INTRODUCTION

This lesson provides factual information on AIDS--causes, methods of transmission and prevention.

Introduce the lesson by asking students what information they already have about the disease, AIDS. Correct any misinformation by simple explanations. Some points to make are:

- There is misinformation regarding AIDS among the general public.
- AIDS is a relatively new sexually transmitted disease that is life-threatening.
- The body's immune system is damaged by HIV.
- AIDS is not believed to be spread through casual contact.
- HIV is spread during sex with an infected partner, by sharing intravenous drug needles and syringes, through contaminated blood, and from an infected woman to her fetus or newborn child.

II. SUGGESTED STUDENT ACTIVITIES

A. Begin the lesson by noting that in the past year AIDS has become a major health problem. Ask students to tell you what they have learned about AIDS. Write these responses on the chalkboard.

Distribute the AIDS Quiz and ask each student to complete it independently. Tell students that the quiz will be reviewed during the summary of the lesson. Encourage them to make corrections as they learn more about the disease.

B. Using overhead No. 1, briefly review the definition of sexually transmitted diseases. Explain how AIDS differs from other sexually transmitted diseases in that there is no cure to date, and it is life-threatening.

Using overhead No. 2, explain the meaning of Acquired, Immune, Deficiency, and Syndrome, and read the definition of AIDS.

Explain that AIDS is caused by the Human Immunodeficiency Virus (HIV) that lives in body fluids, especially semen and blood. The virus is not considered to be highly contagious; that is, it is not spread by casual contact. The virus is considered very fragile and cannot live outside the body.

C. Explain that HIV gradually damages the body's immune system. View the video, The Immune System and AIDS (10 minutes).

Using overhead No. 3, discuss the three possible outcomes of infection: carriers testing antibody positive, ARC and AIDS. Stress that society needs to be concerned about all people infected by the virus.

Using overhead No. 4, discuss the routes of transmission, emphasizing that the two major ones are sexual intercourse and blood exchange.

Explain that HIV to date is not known to be spread by casual contact such as through toilets, swimming pools, restaurants, school/workplace situations, touch or sweat.

D. Reinforce the value of abstinence from sexual intercourse as the best possible choice for young people. Explain the importance of responsible lifestyle behaviour in the prevention of AIDS.

View the video, AIDS: What Everyone Needs to Know (Revised 1987).

Using overhead No. 5, stress behaviour to stop the spread of this infection. Use overhead No. 6 to show the number of Canadian cases to date and to emphasize the importance of prevention.

A public health official, if available, might be used as a resource in place of the video. If time permits, show AIDS: The Facts, The Future (part of the video series). Reinforce the most up-to-date designation of the virus as HIV not HTLVIII.

III. SUMMARY

Review quiz results or have the students redo the quiz as a post-test. Summarize the important facts about AIDS--causes, transmission and prevention. Stress the importance of practicing positive lifestyle decisions and responsible behaviour as the best prevention measures.

STUDENT ACTIVITY: AIDS FACTS AND FALLACIES QUIZ

Teachers should select the test items which are suitable for the age level of the students and the sensitivities of the community. The AIDS facts and fallacies quiz can be completed by students as an introduction to the topic of AIDS. They should then review a videotape or film and take part in a question-and-answer session which will give them information on various aspects of AIDS. They can complete the quiz again after the AIDS lessons to determine how much they have learned.

Aids Quiz

For each statement below, circle the letter (T, F, or U) that reflects your belief about the statement. The purpose of this quiz is to assess how much you already know about AIDS.

Answer Key: T = True; F = False, U = Undecided

T F U 1. Everyone infected with HIV has developed AIDS.

T F U 2. HIV itself usually does not kill the person.

T F U 3. A person having the virus can pass it on even though that person shows no symptoms of AIDS.

T F U 4. The exchange of certain body fluids, such as semen or blood, during sexual activity is a way of transmitting the virus.

T F U 5. Drug abusers who share drug needles and syringes run a very high risk of developing AIDS.

T F U 6. A person can get HIV infection from giving blood.

T F U 7. Only homosexual and bisexual men get AIDS.

T F U 8. Women can pass on the virus to sex partners.

T F U 9. A positive antibody test for HIV always means that the person has got or will get AIDS.

T F U 10. Students who have engaged in high-risk sexual or drug-abusing behaviour can get confidential AIDS testing and counselling.

Source: Education About AIDS, Ontario Ministry of Education, September, 1987. Part C, p. 8. Used with permission.

T F U 11. The virus that causes AIDS can be spread through everyday social contact, such as touching or being near a person with AIDS.

T F U 12. A person who abstains from sexual intercourse, or uninfected partners who remain sexually faithful to each other and who do not abuse needle drugs, have almost no chance of getting HIV infection or AIDS.

T F U 13. The proper use of the right kind of condom is a good way to reduce the chance of getting the virus.

T F U 14. People infected with the virus through needle-drug abuse can pass it on to sex partners even though their partners do not abuse needle drugs.

T F U 15. One can get information about AIDS from a physician or community health organization.

Answers: The correct answers are as follows:

1. F	5. T	9. F	13. T
2. T	6. F	10. T	14. T
3. T	7. F	11. F	15. T
4. T	8. T	12. T	

TEACHER BACKGROUND NOTES: QUESTIONS AND ANSWERS ABOUT AIDS

Question-Answer Session on AIDS*

The following questions and answers are suggested for use as a follow-up or for a written assignment after a video or film on AIDS has been shown to the class and discussed.

1. What is AIDS?

   AIDS is a disease caused by a virus that breaks down the body's immune system, leaving a person vulnerable to a variety of unusual, life-threatening illnesses. AIDS is called a syndrome because it has not just one symptom but a group of them.

   AIDS is a condition in which a formerly healthy person has lost the ability to fight off infections. People with AIDS then become susceptible to infections and other types of diseases that the body normally fights off.

2. What causes AIDS?

   AIDS is caused by the Human Immunodeficiency Virus (HIV).

3. How is HIV transmitted?

   The virus is transmitted through sexual intercourse (anal, vaginal, and possibly oral) with an infected person. It is spread most readily through anal intercourse. The virus that causes AIDS lives in certain body fluids, especially blood, semen, and vaginal fluids. It enters a person's bloodstream through small tears in the anus, rectum, vagina, penis, or mouth that may occur during intercourse.

   The risk of infection increases with the number of sexual partners, male or female, one has.

   HIV can also be transmitted through the sharing of contaminated needles during intravenous drug abuse.

   HIV can also be passed from a pregnant woman to the fetus in her womb.

   The three ways of transmitting the virus that are listed above are the most common. Other means of transmission are rare. Nevertheless, people continue to believe many myths about how AIDS is transmitted.

   In Canada, a very small proportion of AIDS cases has been caused by transfusions of infected blood given before November 1985; since that time the Canadian Red Cross Blood Transfusion Service has been screening blood donations for HIV antibodies.

Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part D, pp. 8-12. Used with permission.

To date, there are no documented cases in which tears or saliva have been responsible for the transmission of the virus.

Dry or social kissing presents no danger of infection. Although HIV has been found in saliva, there are no documented cases in which kissing was responsible for the transmission of the virus. To eliminate any risk, kissing should not result in bleeding.

Infection due solely to transmission through breast milk is rare and has been documented only once.

4. How does HIV attack the immune system?

When HIV enters the bloodstream, it begins to attack certain white blood cells called helper T-cells. These cells can no longer function to fight invading organisms, and the person with a weakened immune system becomes susceptible to infection. The factor or factors that trigger virus replication within the cells are unknown. At any point the virus may become activated; it proliferates and invades other helper T-cells, further weakening the immune system. The virus, by entering and destroying the cells that are essential to the immune system, reduces the number of cells that are available to fight other infections.

5. Do all persons infected with HIV become ill?

No. There are several possible reactions to HIV infection. Some people may remain well and have no symptoms at all, but are nevertheless able to infect others. Others may develop a disease, less serious than AIDS, that is called AIDS-Related Complex (ARC); still others develop AIDS.

6. What are the signs and symptoms of HIV infection and AIDS?

HIV infection. A large group of people who become infected continue to look and feel well; they are, however, carriers of the virus that causes AIDS. Although they have no symptoms, they can still pass the virus on to others. Some people infected with the virus may develop initial flu-like symptoms (for example, headache, fever, body pain, chills, rash, and enlarged lymph glands) which may disappear. This usually occurs about six to twelve weeks after exposure, at which time the person develops antibodies to the virus.

AIDS-Related Complex (ARC). ARC is a condition caused by HIV in which the person tests positive for HIV infection and has a specific set of symptoms. However, ARC symptoms are often less severe than those that accompany AIDS itself. The signs and symptoms of ARC may include weight loss, night sweats, diarrhea, severe fatigue, prolonged fever, neurological disorders, a white coating on the tongue, and a sore throat. As these are also signs and symptoms of many other diseases, a doctor should be consulted for diagnosis.

AIDS. Only a qualified health professional can diagnose AIDS. Symptoms of AIDS may include a persistent dry cough and a fever, night sweats, persistent fatigue and diarrhea, repeated infections, whitish spots or patches in the mouth or throat, neurological and behavioural disturbances resulting from damage to the brain and nervous system, and shortness of breath or difficult breathing.

By destroying the body's immune system, AIDS allows otherwise controllable infections to invade the body and cause additional diseases, which cause death. These infections are called opportunistic infections. One of the most common is Pneumocystis carinii pneumonia. Another is Kaposi's sarcoma, a kind of cancer, which produces purplish blotches and bumps on the skin.

HIV may attack the nervous system and cause delayed damage to the brain. The damage may take years to develop, and the symptoms may show up as memory loss, loss of coordination, partial paralysis, or mental disorder.

The virus in all infected people is essentially the same, but the reactions of individuals may differ.

7. How can AIDS be prevented?

Sexual abstinence is the most effective means of preventing the spread of AIDS for single people. A monogamous relationship between two people who are not infected with the virus is the most effective means of preventing the spread of the disease for partners who are in permanent relationships. If abstinence or mutual monogamy is not practised, the correct use of latex condoms with spermicidal foam or a water-based lubricant will provide some protection against HIV infection. Intravenous drug abusers should stop using drugs or, if they continue to abuse drugs, should not share other people's needles and syringes. To avoid transmitting the infection to babies, HIV carriers and women at risk should not become pregnant.

8. Is there a cure for AIDS?

There is neither a cure nor a vaccine for AIDS. Eighty percent of people with HIV infection die within three years of diagnosis of full-blown AIDS. To date no one has recovered from this disease.*

9. How is AIDS treated?

Most AIDS patients eventually need medical care, especially when their immune systems become impaired. Opportunistic infections are sometimes hard to treat. Azidothymidine (AZT) and Ribaviron, antiviral drugs, are currently being used in Canada for the treatment of HIV infection and AIDS. While they are not cures, they do offer hope to some people with AIDS. One serious side effect of antiviral drug therapy is anemia. Chemotherapy is available for AIDS-related cancers. Many symptoms of AIDS are treatable.

* Source for this response is Manitoba Health.

10. What health practices are necessary to maintain a healthy immune system?

It is important to manage stress, plan for proper nutrition, and have adequate sleep and exercise.

11. In what ways is AIDS different from other STDs? Similar to other STDs?

AIDS is different from other STDs in the following ways:

. AIDS is a fatal disease for which there is no cure.
. People die from opportunistic infections resulting from the breakdown of their immune systems.
. There is a great deal of fear of AIDS, based on misinformation.

AIDS is similar to other STDs in the following ways:

. It can be prevented by sexual abstinence.
. It is not transmitted through casual contact. One does not become infected from towels, cups, drinking fountains, toilets, and so on. AIDS is transmitted by sexual intercourse (anal and vaginal) or possibly oral sex.
. The infected person may look healthy but be infectious. The infected person may not even know that he/she has contracted the virus.
. Anyone can get it.

SEXUALLY TRANSMISSIBLE DISEASES

-- caused by micro-organisms (germs) that survive only in warm, moist tissues

-- primarily spread through sexual contact

-- always require medical treatment with antibiotics or other medications

-- some of the more common S.T.D.'s are:

GONORRHEA CRABS

CHLAMYDIA HERPES

A I D S

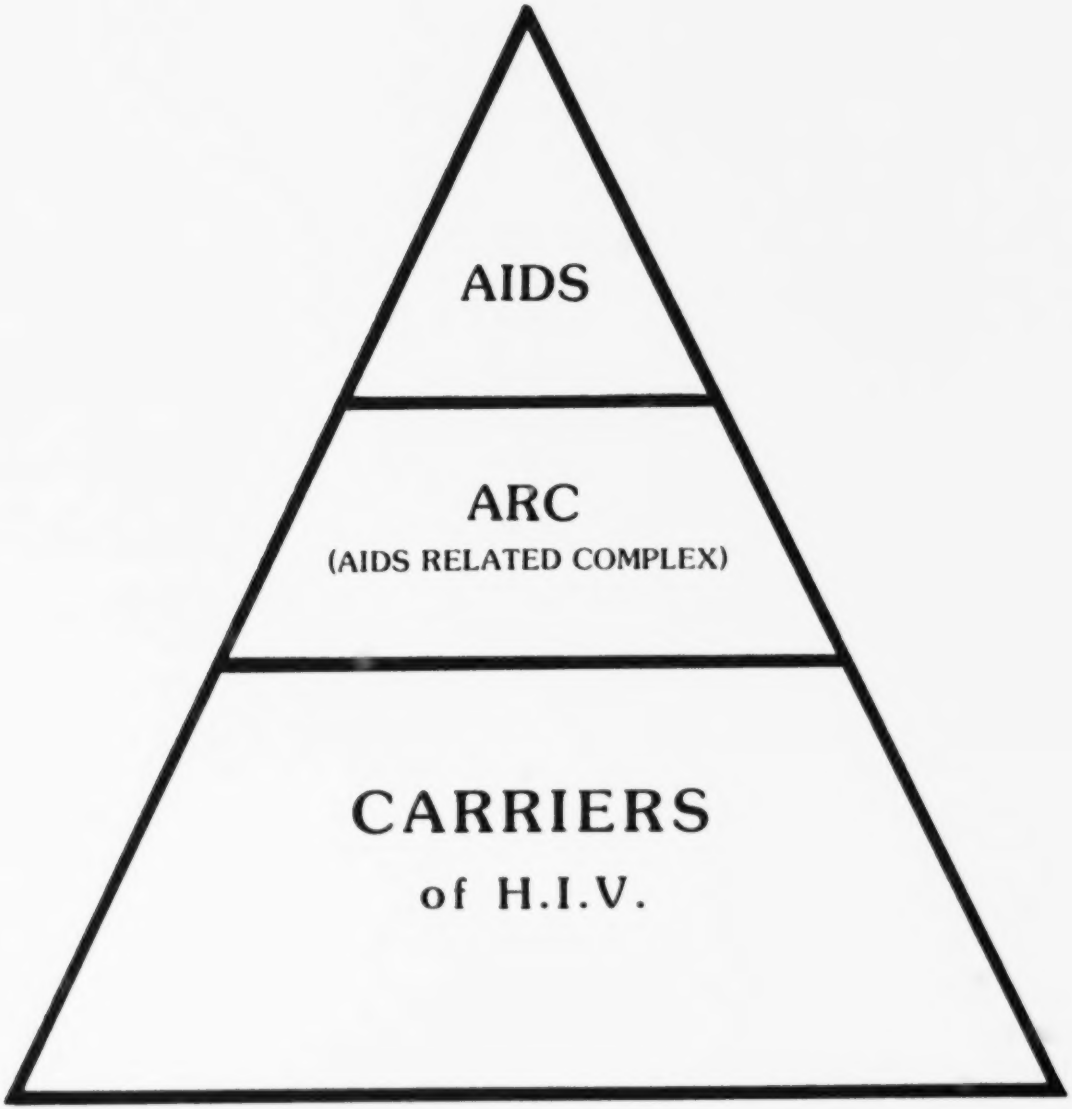
ACQUIRED - not hereditary

IMMUNE - body's defense against disease

DEFICIENCY - having a lack of

SYNDROME - group of conditions

AIDS IS A CONDITION WHEREBY THE BODY'S IMMUNE SYSTEM BECOMES WEAKENED, RESULTING IN A DECREASED ABILITY OF THE BODY TO FIGHT OFF DISEASE.


AIDS
ARC
(AIDS RELATED COMPLEX)
CARRIERS
of H.I.V.

HOW THE VIRUS IS SPREAD

- Sexual intercourse
- Sharing contaminated needles/syringes
- Receiving contaminated blood/blood products
- Infected pregnant woman to unborn child

AIDS IS A PREVENTABLE DISEASE

MOST EFFECTIVE

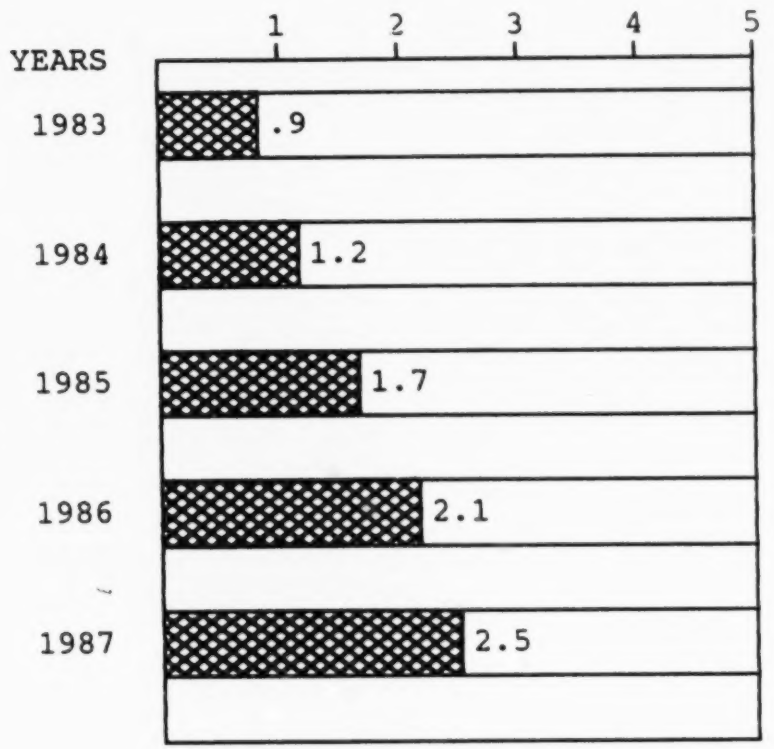
- AVOID SEXUAL INTERCOURSE
- AVOID SHARING NEEDLES

OTHER

- REDUCE NUMBER OF SEX PARTNERS
- SAFER SEX, INCLUDING USE OF CONDOMS

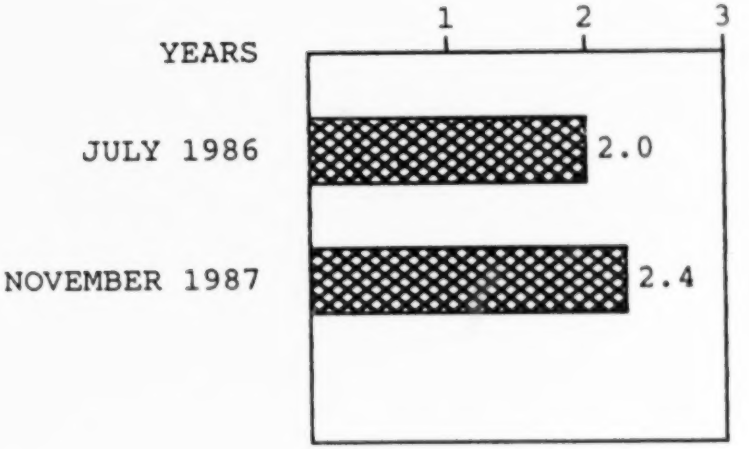
U.S.A.

HETEROSEXUAL CASES OF AIDS



CANADA

HETEROSEXUAL CASES OF AIDS



THE TOTAL NUMBER OF AIDS CASES IS ALSO DOUBLING EVERY YEAR!

TOTAL CASES OF AIDS

U.S.A.	CANADA	MANITOBA
NOVEMBER 1987 44,395	1326	23

AUXILIARY INFORMATION AND STRATEGIES

FOR

OPTIONAL USE

TO BE DETERMINED BY

EACH SCHOOL DIVISION

OVERVIEW

These strategies are provided for schools wishing to provide an opportunity for students to discuss AIDS and the issues related to personal well-being. Personal preventive behaviour is stressed in the previous instructional materials. The facts are important; however, if just the facts about AIDS are discussed, students will not have the opportunity to face, discuss, and integrate the decisions and actions they must take to avoid high risk behaviour.

The provided strategies are presented for school consideration. Schools may wish to delete, add or modify this information according to the needs and interests of the community and school. Teachers chosen to present the AIDS lessons should feel comfortable with teaching the content.

Prevention is based on understanding. Learning about AIDS involves knowing about the functions of the body, particularly the reproductive and immune systems.

A balanced view of intimacy based on a sensitive awareness of human behaviour should be part of any discussion of the problems associated with AIDS. The well-being of the individual and others is of utmost importance.

The unit can be introduced by an activity that will assess students' needs and interests. The teacher can present the class with an overview of the topic, and students can be asked to brainstorm ideas, using the following headings as a guide, in order to become involved in the planning of the unit:

- Readings
- Audio-visuals
- Resource people
- Field trips
- Skill-building activities
- Assignments and projects
- Action projects
- Objectives
- Evaluation
- Involvement of parents

Students can also attempt to identify the important issues in which an understanding of AIDS is vital.

Through this process students can contribute to the development of the unit of study. At the same time, the process helps increase student motivation.

STRATEGY I: REPRODUCTIVE HEALTH

INTRODUCTION

It is important to know as much as possible about the reproductive systems in order to maintain good health and to prevent infections. Often the problems of the reproductive systems have no symptoms and as a result may be left untreated.

Education about AIDS and other sexually transmitted diseases can be placed in the context of reproductive health within a unit of study on sexuality. Although discussions of reproductive health involve information about infection and disease, the primary focus should be prevention. People want to assume responsibility for their own bodies. If they are provided with accurate information within a positive framework, they may feel good about themselves and their decisions related to health.

The unit would begin with a review of the male and female reproductive systems and would include information about good health practices as well as conditions and infections that might affect the reproductive systems.

According to a Media General Associated Press poll, AIDS now rivals cancer as the most feared disease. After the introductory study of the reproductive systems and discussion about AIDS based on the material that follows, students can speculate on why the survey shows this result.

QUESTIONS AND ANSWERS ON CHLAMYDIA*

The following questions dealing with chlamydia can be adapted to the study of any STD for a written assignment or a question-answer session. They can be used after the showing of a video or film on the disease to be discussed.

1. How is chlamydia passed from one person to another?

   Chlamydia is transmitted by sexual intercourse or by intimate genital contact with another person.

2. What causes chlamydia?

   The disease is caused by a bacterium, Chlamydia trachomatis.

3. Is there a vaccine for chlamydia?

   No.

*Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part D, pp. 6-7. Used with permission.

4. What are the symptoms of chlamydia?

Females may have a slight vaginal discharge, itching, abdominal pain, bleeding between periods, or a burning sensation on urination. Males may have a discharge from the penis and a burning sensation during urination. Some men and many women have no symptoms, or symptoms so mild that they go unnoticed.

5. What is the incubation period, that is, how long after exposure to the bacteria do the symptoms appear?

The signs develop slowly, within two weeks to a month after infection.

6. How long do the symptoms last?

Symptoms may come and go. In later stages, a slight fever may be present.

7. Does a person still have the disease even if the symptoms disappear?

Yes. The disease develops at the time of infection, and the bacteria can survive in the reproductive system if treatment is not given.

If left untreated, chlamydia can damage the female reproductive organs. Infection can spread through the uterus and Fallopian tubes, causing pelvic inflammatory disease (PID). This may result in scarring of the Fallopian tubes, leading to subsequent ectopic or tubal pregnancy or infertility. Chlamydia is the most common cause of PID. Chlamydia in the male is one of the causes of non-gonococcal urethritis (NGU) and can also cause epididymitis, an inflammation of the testicles that can lead to sterility.

8. How can chlamydia be prevented?

Sexual abstinence is the most effective way of preventing chlamydia. A person who has many sex partners or has a partner who has many other sex partners is at risk of infection and should have regular medical check-ups. The use of condoms with spermicide can help to limit the spread of the disease.

9. What is the treatment for chlamydia? Is there a cure?

Tetracycline or erythromycin are the antibiotics usually used to treat the infection. Chlamydia is resistant to penicillin. Early diagnosis and treatment are critical in preventing the serious complications of chlamydia.

10. Can a pregnant woman who is infected with chlamydia pass the disease on to her baby?

Yes. Chlamydia may be passed on during birth, causing the infant to develop conjunctivitis (an eye infection) or, more rarely, pneumonia.

11. What is the difference between chlamydia and gonorrhea? What are the similarities?

These diseases are caused by different bacteria. The symptoms may be similar, however, and both can cause sterility in either sex if left untreated. The diseases may co-exist; that is, a person may have both infections at the same time.

FOLLOW-UP ACTIVITIES

1. The teacher can plan a health fair with the local department of health to place a general focus on health promotion. A theme that includes the maintenance of reproductive health may be chosen and information about AIDS included. Parents can be invited to participate in the planning and presentation of the event. Pamphlets, posters, and leaflets should be available for parents who take part in the health fair and for students to take home to parents who are unable to attend.

2. The public health nurse can be invited to class to present a summary of sexually transmitted diseases with an emphasis on AIDS.

3. Students can write a research report on the efforts of the medical science community to identify the micro-organisms causing AIDS, to track its attack on the human body, to identify its means of transmission, and to develop a vaccine for its prevention.

4. Students can obtain the latest statistics from Manitoba Health on sexually transmitted diseases, compare them with statistics on other communicable diseases, discuss the possible reasons for the increases and decreases in cases over the years, and discuss the ages of the infected persons.

5. Students can write to the various disease-control centres for information and pamphlets on sexually transmitted diseases.

6. It is not who a person is but what the person does that puts him/ her at risk of being infected with the AIDS virus. Students are asked to identify the behaviour of people which might increase the risk of AIDS.

Risk Behaviour and AIDS

No Risk	Risk

SUMMARY STATEMENTS

1. Adolescents may over-estimate the amount of sexual activity among peers. Various surveys of high school students in Ontario and Alberta between 1974 and 1980 found percentages of students who had experienced intercourse varying from a low of 15 percent (for grade 9 girls) to a high of 57 percent (for grade 13 boys). [Reported in Herold, E.S., Sexual Behaviour of Canadian Young People (Markham: Fitzhenry and Whiteside, 1984), pp. 13-14.]

2. No one has to remain in the high-risk category for AIDS. In activity 6, the teacher should cross off "Risk" on the board with a giant "X" and emphasize that everyone can move either to a no-risk or a risk condition.

3. Even though questions are encouraged during the presentation of the information in this section, students might like to write additional questions on file cards. These should be collected and answered at an appropriate time.

STRATEGY II: LIVING SKILLS APPROACH--RESPONSIBILITY*

INTRODUCTION

The strategies in this section are intended to help young people to focus on the meaning of responsibility within a relationship and to provide an opportunity for them to share their opinions with others.

Responsibility is a word that is often used in connection with sexual behaviour. However, responsible sexuality is difficult to define. It appears from the literature that it is much easier to find a definition of irresponsible sexuality.

In Teenage Pregnancy: A Challenge to Do Right by Each Other (1980), B. Stackhouse says: "Responsibility is one's responsibility for oneself and for or to others ... It involves caring for one's whole self and other persons in their totality. It involves being liable, answerable, and accountable for one's actions. It is being sensitive, responsible to the core of oneself and others ... caring for others 'as one cares for oneself'"(p. 9). A balanced and responsible view of intimacy, pleasure, and personal enrichment, based on a sensitive awareness of human behaviour, should accompany any discussion of the problems associated with AIDS. In this way the educational process will stress a concern for the well-being of the self and others and a hopeful outlook on the future.

*Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part D, pp. 17-24. Used with permission.

ACTIVITIES

The Meaning of Responsibility

The class is divided into groups of six. Each student selects a partner from his/her group. Each pair then talks for seven minutes before rotating to continue the clarification process with a new partner.

Round 1. The leader of the group poses the following questions:

- When you hear the word, responsible, what does it mean to you?
- Does it mean being submissive?
- Does it mean that you always have to agree with your partner?
- Does it mean that you would react to situations based on your cultural background?
- Does it mean not "rocking the boat"?
- Is it responsible not to worry the partner in a relationship with unpleasant matters?

- Does being responsible mean always holding up someone who is always falling down?
- Does being responsible mean postponing intimate sexual relations until marriage?

Students discuss these questions with their partners for seven minutes. The student pairs then break up, and students rejoin their original groups of six to share their comments on the meaning of being responsible. The group's comments are recorded.

Students change partners within their small groups and continue the activity as follows:

Round 2. The leader poses the following questions:

- Does being responsible mean always doing what the other person wants?
- Does it mean being aggressive, tough, and independent?
- Does being responsible imply that a person is powerfully in control?
- Does it mean having the right to behave on the basis that sexual urges are uncontrollable and that compulsive and coercive sexuality is acceptable?
- Does it mean: "If we love each other, it's O.K."?
- Does it mean having a relationship with little emotional investment?

Students discuss these questions with their partners for seven minutes. The student pairs then break up, and students rejoin their original groups to share their comments on what being responsible means. The group's comments are recorded.

Students change partners within their small groups once again and conclude the activity as follows:

Round 3. The leader poses the following questions:

- Does being responsible mean that you and your partner can discuss an issue, negotiate the outcome, and come to some agreement?
- Can you say what you think without putting the other person down?
- Does being responsible mean that you can talk about sexual limits with your partner?
- Does being responsible mean being part of a relationship that has meaning for the other person as well as for oneself?
- Does it mean avoiding unwanted pregnancy and not spreading STDs?
- Does being responsible mean being answerable and accountable?
- Does it mean accepting individual preferences? Does it include the right of each person to decide sexual morality for himself/herself?

Students discuss these questions with their partners for seven minutes. The student pairs then break up, and students rejoin their original groups to share their comments on what is meant by being responsible. Their comments are recorded.

Follow-up discussion. Students, working within the context of the large group, discuss the following questions:

- What became clear to you as you went through the process?
- What does being responsible mean to you?
- What does being responsible not mean to you?

Students divide into new pairs to discuss the following topics. Five minutes should be allotted to each discussion.

- Name a time in your life when as a child you felt responsible. What was special about this? Explain.
- Name a time in your life when you did not feel that you were being responsible and you felt "used." Why did you feel this way? Explain.
- When you as a child looked at other families, what did you see and want for yourself? What did you see and not want for yourself?

Follow-up. Each student shares what he/she has learned from this activity, either in a series of single statements or in a few short paragraphs. The following is a sample summary:

Being responsible means being known and understood. It means knowing oneself and what one believes. Being responsible means caring and wanting to please the other person and to be sensitive to his or her needs. Being responsible increases a sense of closeness, of being understood, of feeling cared for.

Responsible sexual relationships are voluntary, genuinely pleasurable, and inclined to enhance the personalities of the people involved. There is respect for oneself and caring for the other person.

The degree of responsibility in sexual behaviour may be influenced by the type of relationship in which the behaviour occurs, the level of intimacy of the partners, and the extent to which they communicate. Access to information and an understanding of how sexuality fit into one's own life are other factors.

Responsible Decision Making

Students should be presented with the following situations and asked to decide on a course of action for the main character in each case and to defend their decision:

1. Susan, age fifteen, was treated for chlamydia after she had contracted the disease from Bill. She did not know that Bill had had sexual intercourse with anyone else, and she was sure that he did not know he had the disease. Susan told Bill that she had got chlamydia from him, but he refused to believe it and accused her of giving it to him. Should Susan continue her relationship with Bill?

2. Pat and Ted are in their mid-twenties. They have just started a relationship. Pat thinks that she might have been exposed to HIV in a past relationship with a bisexual man. Should Pat tell Ted of her fears?

3. Betty is a salesperson in a shoe store. She has experienced some of the common symptoms associated with AIDS-related complex but feels well enough at the present time to continue working. She mentions her condition to her manager because she will need time off for medical reasons. The manager is afraid that Betty will spread the AIDS virus and that customers will eventually know about Betty's problem and will take their business elsewhere. Should the manager continue to hire Betty to work in his store?

Peer Pressure

The objectives of this activity are to help students to:

- examine how people make decisions,
- examine the attitudes, pressures, and responsibilities involved in the decision about sexual behaviour,
- explore alternative ways (other than sexual intercourse) of expressing affection in a relationship.

Case Study #1: Pressure to Become Sexually Active

Working in small groups, students read a story and then:

- identify the problem in the story,
- list two alternative courses of action for Joan and Ryan,
- discuss the advantages and disadvantages of each alternative,
- decide on a plan of action,
- write down the problem, the alternatives, and the plan of action to share with the class.

Joan and Ryan attend the same high school. They have been going together for about a year. Joan is in grade 11 and Ryan is in grade 12.

Joan and Ryan have a very special relationship. They spend a lot of time together and really trust each other. They confide many of their secret fears and hopes with each other; they talk about their parents; they talk abut what is happening at school. They get support from each other and, in many ways, they have become best friends. Their friendship is very important to both of them.

Joan feels that even though she loves Ryan, she is not ready for an intimate relationship. Joan has an excellent relationship with her parents who encourage her to be a "good girl."

Lately, Ryan has been talking with some of his friends about sex, and he is hearing that many of his friends have already had sex with their girlfriends. Ryan wonders if he is behind for his age and if he is less of a man. He begins to pressure Joan who is still clear about her feelings.

As a result, there seems to be an increasing amount of tension in their relationship. They have begun to fight about little things, and they don't seem to talk about the really important things anymore.

Abut a month later, Ryan starts to see other girls. Joan feels depressed and lonely; she really misses Ryan. She wishes that there was a way to talk to her mother, but she knows that her mother would get upset and wouldn't understand her problem. Joan feels lost and doesn't know what to do.

Joan and Ryan continue to spend some time together. One Saturday night, they go to a social and come back to Joan's house to talk. Joan's parents have gone out and won't be back until much later. Joan and Ryan are left alone in the house.

Discuss the following questions with a large- or small-group setting:

1. What are the pressures facing Ryan and Joan?

2. What are the traditional sex roles in this story? Do things have to happen this way?

3. What are the reasons that people sometimes have difficulty talking to their girlfriend/boyfriend about sex?

4. What do you think can be done to make talking about sex easier?

5. What are some of the ways by which people can show caring and affection?

6. Can not having sex be a way of showing love? Why or why not?

7. What is the difference between love and infatuation?

8. Did the story seem realistic to you? Why or why not?

9. What did you learn from the discussion?

10. Rewrite the story assuming that either Joan or Ryan had AIDS.

Case Study #2: Intravenous Drug Use*

Hank is a good student. He also likes to have "fun" and spends a great deal of time just hanging around with his friends. Hank has an older brother whom people say uses drugs. Hank decides to ask his brother about this, and his brother admits that he "shoots up" on occasion. Hank thinks this is dangerous, but his brother assures him it is not.

"After all," he says, "I'm not addicted. I'm not sick. I've been doing this for years. You just wash the needle out with water after you use it."

Hank eventually decided to try "shooting up" with his brother and friends. He and his friends often shared the same needles and drug paraphernalia. He liked the "high" but decided to stop because he did not like the drug scene.

Hank's blood tests show that he is HIV antibody positive. He does not want to go to school, and eventually he becomes too sick to join his friends. For their part, his friends no longer go to visit him because they are afraid of contracting AIDS.

1. How did Hank become HIV antibody positive?

   Hank possibly got HIV infection from using a needle immediately after another person who carried HIV. Some blood from the injection was likely on the needle, and Hank inserted the contaminated needle into his vein.

2. Why is intravenous drug use such a serious AIDS-related problem in some countries?

   AIDS can be spread into the general population because of the need of drug abusers to have money for their habit. In order to get this money, these addicts, both male and female, may turn to prostitution. These prostitutes can then transmit HIV to their customers, who can spread it to partners. If these partners are female, they can in turn transmit it to their unborn babies.

*Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part C, pp. 32-33. Used with permission.

Intravenous drug abusers do not, however, account for a large number of AIDS cases in Canada. People studying the AIDS problem think that this is because clean needles and syringes are more readily available here than in other countries. Only three intravenous drug users have been reported to have AIDS--less than 0.3 percent of the total number of AIDS cases--in Canada.

3. Why do Hank's friends not want to visit him now that he is HIV antibody positive?

   His friends are not informed about AIDS or they would not be afraid to visit Hank. To date, medical evidence indicates that AIDS cannot be caught by casual contact. AIDS is not contagious in the way that the flu or a cold is, and it is not transmitted through the air by sneezing, coughing, or eating or drinking from common utensils. A person cannot catch the virus from toilet seats, swimming pools, hot tubs, water fountains, laundry rooms, locker rooms, or casual contact (shaking hands or hugging). There has not been one documented case of the virus being spread through everyday contact.

   Fear of the unknown and isolation seem to be the biggest factors affecting people with AIDS. Hank needs his friends to be supportive and understanding.

4. How can parents, teachers, and others help young people to say no to drugs? How can young people help themselves to say no to drugs?

   Brainstorm and compile a list of ways that parents and teachers can help young people to say "no" to drugs.

STRATEGY III: ASSERTIVENESS AND AIDS*

INTRODUCTION

Assertiveness training involves the practice of a number of interpersonal skills that are intended to allow a person to meet his/her basic needs in life without depriving others. The feeling of personal control is an important part of assertiveness. It involves:

- taking control over one's own decisions,
- trusting and valuing one's own feelings,
- recognizing and using non-verbal communication,
- recognizing the control needs of others.

EXPLORING ASSERTIVENESS

A variety of strategies can be used to help students examine different aspects of assertiveness. For example, students can:

*Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part D, pp. 25-27. Used with permission.

- explore the meaning of assertiveness through role playing,
- examine their personal relationships by charting them,
- develop the component skills of assertiveness by practicing the sub-skills,
- practice making assertive responses through role playing.

THE MEANING OF ASSERTIVENESS

Purpose: This activity is intended to help students understand the difference between being non-assertive (passive), aggressive, and assertive.

Strategy. A role-playing approach will help students to understand what assertiveness is and will give them practice with its component skills. Role playing increases self-understanding and an understanding of how others feel. It gives students the practice they need in handling situations and tests their resources for facing unanticipated situations in a controlled setting.

For role playing, a classroom climate must be established that is safe for students, allows them to express strong feelings, and promotes respect for the ideas and feelings of others.

Procedure. The teacher begins by having the group warm up. He/she then selects those students who will play roles and instructs the rest of the class on what to look for in the role playing.

The following situation is then presented to students: Mary has ordered a steak rare; the waiter brings one well-done. The teacher takes the role of Mary, and a student plays Tom, the waiter. They role-play the situation three times, demonstrating first a non-assertive, then an aggressive, and finally an assertive approach. After each enactment, the class should explore the feelings of both Mary and Tom and discuss the effect of each type of behaviour on the characters.

Follow-Up Activities

1. Students examine some everyday situations from the point of view of non-assertive, aggressive, and assertive ways of behaving as a lead-in to discussions of situations about sexual behaviour and drug taking related to AIDS.

2. Students role play each of the following situations to show non-assertive, aggressive, and assertive responses.

   a) Sandra and Mike are sixteen-year-old students. They are alone at Mike's house. They are kissing and getting excited but are not feeling quite right about what might happen. The conversation starts like this: "I've made up my mind to wait. I'm not ready to get involved. Maybe we should talk about this a little more."

b) Allen has a friend, Bill, who has developed AIDS. Allen wants to help his friend and to give him support. Susie tells Allen that she will stop being friends with him if he continues to see Bill. Susie refuses to talk with or visit anyone with AIDS.

c) Sam believes that it is important to get all the facts about AIDS. He thinks that the media coverage about AIDS is just right. Arlene thinks that the media tends to exaggerate the issue, and she is tired of hearing daily reports about the seriousness of the problem and the ways to prevent it.

STRATEGY IV: LIVING SKILLS APPROACH--VALUE AWARENESS*

EXPLORING SOME AIDS-RELATED ISSUES

A number of areas in which issues related to AIDS have arisen are outlined below. Students should discuss the issues that are involved and attempt to arrive at some conclusions about what constitutes an ethical course of action in each case.

The kinds of key questions that students should be asking about AIDS-related issues are as follows:

. Who should do this?
. What should be done?
. When should it be done?
. How should it be done?
. Should anything be done at all?
. Should anything not be done?

The following are some of the issues that might be considered:

Immigration and legislation. Japan has drawn up legislation to block people from coming into the country with AIDS or the HIV infection.

Testing. Infection in the workplace is a concern. Some companies are attempting to test for AIDS in subtle ways through questions related to lifestyle and type of work.

Discrimination with respect to insurance. People who live in certain cities where there is a high rate of AIDS may not be considered for insurance. Companies claim that they are protecting themselves against crippling risks.

Resources. Governments will have to choose priorities and decide how to allocate resources for treatment, education, and research into AIDS.

*Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part D, pp. 34-36. Used with permission.

International issues. In certain underdeveloped countries there is a very high rate of HIV infection and AIDS, but there are very few resources for research and treatment.

Research. Scientists and clinicians will be interested equally in treating AIDS patients and working on possible cures.

Treatment. There are different attitudes concerning the proper place for treatment: in hospitals or in the home.

Privacy and confidentiality. The right to privacy and confidentiality is a major issue which demonstrates the possible conflict of legal and ethical considerations.

The following questions can be used to guide a discussion on privacy and confidentiality:

- What should be done with HIV carriers who are irresponsibly spreading the disease and as a consequence contributing directly to the deaths of any number of men and women?
- Should laws be passed to make it a criminal offence to infect another person?
- Should government authorities be required to notify a person with HIV infection of the restrictions and penalties that may be imposed by law if a carrier behaves irresponsibly?
- Should carriers of the virus be quarantined in some fashion? If so, how?
- Should laws be passed that would allow a carrier to be put in jail if he/she is proven to have acted irresponsibly?
- Should doctor-patient confidentiality always take precedence in the case of AIDS patients, even if the protection of another individual is involved?

ATTITUDES TOWARDS PEOPLE WITH AIDS AND HIV INFECTION

AIDS and sexual behaviour concern the whole community, not just one particular group in our society with a specific sexual preference. Fundamental attitudes with respect to AIDS and to people suffering from it will continue to be a major challenge. The issues that are involved touch the sensitivities of everyone.

Over the last several years, AIDS has aroused a wide variety of responses. Students can collect examples of different responses from a variety of print sources, including newspaper articles and reports, and share them with the class through written and oral presentations.

After several presentations, students should:

. speculate on the reasons for the types of reaction described;
. identify the emotions of the people involved;
. consider the impact of these reactions on people with AIDS.

They can then discuss appropriate attitudes towards people with AIDS and HIV infection in the light of both the issues that these responses raise and the following questions:

. How should people behave towards those with HIV infection?
. How should people behave towards those suffering from AIDS itself?

Case Study #1: Confidentiality and Respect for Privacy*

A twenty-one-year-old woman asked the doctor to examine her husband, aged twenty-four years, because of changes in his general health that concerned her. Her husband agreed to have a checkup. He was diagnosed by the doctor as having been exposed to the virus that causes AIDS. He admitted to the doctor that he was a sexually active homosexual before he married. He married only because he was a business executive and felt that it was socially important for him to have a wife.

The man was told that if he intended to continue to be sexually active, he should take precautions, delay having children, and tell is wife immediately. His wife was planning to have children. He agreed to tell his wife, but he did not do so. He did not tell anyone. He failed to stop his homosexual liaisons.

Suggested Questions and Answers

1. Why would this man refuse to tell his wife that he was antibody positive?

   He would almost certainly fear a negative reaction by his wife and family. He would not want to risk divorce for fear that this would damage his career. He found it difficult to explain his sexual orientation.

*Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part D, pp. 30-32. Used with permission.

2. Why might this person continue to have sexual relations even though he know that he was antibody positive and could spread the disease?

He might not want to believe that HIV infection or AIDS can be transmitted. Even though he might have the information about his condition, he might choose to act irresponsibly. He might be very self-centred and not care about anyone else.

3. What steps might be taken to stop people from knowingly infecting others?

Steps might include "contact tracing," mandatory testing, quarantine, or punishment under the law.

4. Why is "contact tracing" of limited value in dealing with AIDS? Discuss the pros and cons of "contact tracing"?

At the present time, there is no cure or vaccine to offer a person infected with AIDS. However, there is treatment available for opportunistic infections and cancer-related problems. Besides screening blood donations and urging drug addicts not to share needles, the only way to stop the spread of AIDS is to persuade people at risk to adopt responsible sexual behaviour.

In communities where the virus is widespread and contact tracing impractical, educational programs offered by community groups may be more effective than traditional contact tracing in controlling disease. Depending on the prevalence rate or the impracticability of follow-up, risk-education programs aimed at the community in general may also be more economical than contact tracing aimed at individuals.

Priority is given to tracing the female partners of bisexuals and heterosexuals with AIDS or HIV infection so that they can be counselled about reducing the risks to themselves and their future children. This work is carried on by public health officials.

5. Why should top priority be given to preventing the transmission of HIV from mother to infant?

Children have the right to be born free of infection.

6. What is the role of the doctor who diagnoses a patient as having HIV?

The doctor usually informs the patient of the communicable nature of the disease, emphasizes its deadly effects, explains how it is transmitted (principally by vaginal or anal intercourse or possibly oral sex). The person is given information about the possible consequences of unprotected sexual intercourse and counselled about the use of latex condoms with spermicidal foam or a water-based lubricant. Foam should be used only for vaginal intercourse as it can damage anal tissue.

The doctor is required by law to report cases of AIDS to Manitoba Health.

7. Should the doctor be required to inform the spouse of an infected patient and any others with whom the patient may have had sexual intercourse?

The doctor cannot legally inform the man's wife or girlfriend that he is infectious without the patient's permission. Due to the principle of patient confidentiality, there is no legal means of informing people at risk without the patient's permission. The doctor is required by law to report the case to the local medical officer of health.

8. Is confidentiality always an absolute?

The legal responsibility of doctors, nurses, clinicians, and legislators with respect to confidentiality is clear, as is the legal responsibility of persons with HIV infection. Moral responsibility, however, is not such a clear-cut issue. Infected people often go through a period of denial. They nevertheless have a responsibility to loved ones and to potential sexual contacts.

9. Does the principle of patient confidentiality always take precedence over the interests of other people who are involved?

In general, it is absolutely critical that confidentiality and respect for privacy be upheld. Potentially infected people might not come forward for testing and/or treatment if they were worried about breaches of confidentiality. This would hamper the attempt to check the spread of the infection among an infected individual's circle of contacts. However, when the lives of loved ones are in danger, and repeated efforts to make the infected person take responsibility have not been successful, it may be justifiable to pass on confidential information to those at risk.

Ethical Considerations

1. What is the role of the doctor who diagnoses a patient as having AIDS?

The doctor can inform the patient of the communicable nature of the disease, emphasize its deadly effects, explain how it is transmitted (principally by vaginal, anal, and possibly oral sexual intercourse), and urge the patient to abstain from any sexual activity without the use of a condom.

If he or she knows that the patient is disregarding the advice and infecting others, the doctor can contact the medical officer of health for assistance. Under the Health Protection and Promotion Act, a medical officer of health has the authority to contact anyone who is "an agent of a communicable disease." The medical officer is prohibited from acting by professional ethics and by the tradition of doctor-patient confidentiality.

AIDS is a reportable disease, but HIV infection is not [insofar as doctors are not required to report incidence of the infection. However, laboratories are required to report cases to Manitoba Health.

They do so by code that does not reveal the name of the patient. In practical terms]*, those who have been diagnosed as carrying the virus are free to spread it, and there are no restrictions to deter them.

2. a) Should the doctor be required to inform the spouse of an infected patient and any others with whom the patient may have had sexual intercourse?

   b) Should confidentiality come before protection in the case of the wife who wants to become pregnant?

   The National Advisory Committee on AIDS advises that when a man is unwilling to inform his wife or female contacts, the doctor should ensure that they are told and are offered testing and counselling. When the lives and health of others are in danger and efforts have been made to bring about change, then confidentiality should be broken.

3. Should a carrier who misleads a sexual partner by denying that he or she is antibody positive be subject to legal action by the other party?

   The responsibilities of doctors, nurses, public health staff, legislators, clinicians, and teachers with respect to people with AIDS and HIV infections need to be examined. The responsibilities of the infected people themselves also need to be addressed. Their plight is great and their vulnerability is intense. Even with the factors of psychological denial in operation, they have a responsibility to potential sexual contacts and to their close loved ones. Confidentiality and respect for privacy are very important; without this respect, people will go "underground." The health of loved ones becomes the first priority after repeated efforts to change the irresponsible behaviour of the infected person.

Case Study #2: Reporting of Persons with HIV**

A heterosexual sexually active twenty-three-year-old man was admitted to hospital in 1983 with a serious form of anemia (a blood disorder). While in hospital he received multiple blood transfusions and, as a consequence, became infected with HIV. Before he was sent home, his doctor advised him that he tested positive for HIV antibodies and that if he was sexually active he would have to take the necessary precautions in order not to infect his partner.

The advice was ignored, and in 1984 the man's nineteen-year-old girlfriend tested positive. In 1985 she was treated for Kaposi's sarcoma, a form of cancer that is common to AIDS sufferers. The man also had numerous contacts with other women, such as a twenty-four-year-old prostitute and a thirty-year-old married woman. Another young woman with whom he had had sexual contact gave birth to a baby that had contracted AIDS prenatally.

* Material in brackets is supplied by Manitoba Health.

**Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part D, pp. 33-34. Used with permission.

Suggested Questions and Answers

1. Is there still a risk of contracting AIDS from a blood transfusion in Canada?

   No. The Canadian Red Cross is responsible for ensuring that a safe and sufficient blood supply is available for all patients being treated in Canadian hospitals. To ensure that the blood supply is free of contaminants, all blood donations have been routinely tested for HIV antibodies since November 1985. All blood found to be positive is discarded.

2. What necessary precautions would the doctor have asked the young man to take in order to stem the spread of the virus that causes AIDS?

   The doctor would have suggested that the man abstain from sexual intercourse. If the young man had indicated that abstinence was not possible, the doctor would have recommended that he use latex condoms and spermicidal foam or water-based lubricants during intercourse.

3. Identify reasons why this young man refused to follow the doctor's advice?

   Possible factors include the cost and availability of protection, religious convictions, cultural expectations, denial, ignorance, the type of relationship in which he was involved, poor communication with his sexual partners, and the effects of dementia (an infection of the central nervous system causing confusion in speech and thought and, as death approaches, blindness).

Note: Some of the questions and answers for case study #1 may also apply to this case.

Research Projects*

1. Student newspaper. Students can publish a newspaper for distribution to all students. The newspaper can focus on AIDS and related issues in the context of health promotion.

2. Health-care system comparisons. Students can compare the treatment of AIDS in Canada with that of other countries, such as the United States, Haiti, Africa, India, and Mexico. They should consider (a) the services offered, their cost, and their efficiency; and (b) their budgets for AIDS research, care, and so on.

*Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part D, pp. 36-38. Used with permission.

3. Community organizations. There is an extensive network of AIDS information and services in Canada. Students can list the organizations or agencies responsible for AIDS services at the federal, provincial, and local or community levels in Canada. They should include the telephone number of each organization and the name of a contact person where possible.

4. The basics of hospices. The purpose of a hospice is to provide support and care for people in the final phase of a terminal illness so that they live as fully and comfortably as possible. The underlying philosophy of a hospice is the affirmation of life and the perception of death as a normal process. Hospice care is based on the belief that, through personalized services and a caring community, patients and families can make the necessary preparations for a dignified death.

5. Statistics and AIDS. Students can conduct research into the following questions:

   . the origin of the virus that causes AIDS,
   . the areas of the greatest incidence of the disease,
   . the number of diagnosed cases in Manitoba, Canada, the United States, and other countries,
   . the projections for the disease in the future.

   They can then discuss the implications of their findings at a local and global level.

6. Ethics and ethical issues. Students can compare the responses of different newspapers to ethical questions related to AIDS as illustrated in their use of headlines. Students can use library resources to find examples of newspaper headlines.

7. Economic impact. Students can research the economic impact of AIDS, using the following topics as a guide:

   . present caseload numbers and future predictions
   . short- and long-term estimates of the cost of hospital, home, and hospice care, including the cost of community support services
   . the impact on the Canadian life-insurance and health-insurance industries (life and disability insurance)
   . the cost of screening blood by the Canadian Red Cross
   . fund raising

   Students can use the following as resources:

   . Angela Barns, "AIDS and Business," The Globe and Mail, August 1 and August 3, 1987.

   . Philip Mathias, "The High Cost of Treating AIDS," The Financial Post, July 13, 1987.

8. Social impact. Students can examine the social impact of AIDS, using the following questions as a guide:

- What are the respective roles of hospitals, hospices, and home care?
- How can the quality of life of persons with AIDS be improved and their dignity maintained?
- What are the long-term effects of AIDS on the mental health of both patients and care-givers?
- What are the implications of AIDS for adolescents, now, and in the future?
- People who have contracted AIDS are said to be victims of their own lifestyles. Is this a fair statement?
- If you were a politician faced with the choice of funding a research project on a cure for AIDS or on the causes of infant-crib-syndrome, which would you choose, and why?
- What difficult decisions can you imagine the future will bring, based, for example, on the question of the greatest good for the greatest number?

RESOURCES*

The following print materials are presented without recommendation. The resource list is by no means complete.

Altman, D. AIDS: In the Mind of America. New York: Doubleday, 1986.

Fettner, A.D., and Check, W.A. The Truth About AIDS: Evolution of an Epidemic. New York: Henry Holt and Company, 1985.

Gong, V., and Rubnick, N., eds. AIDS: Facts and Issues. Baltimore, MD: Rutgers University Press, 1986.

Grieg, J.D. "AIDS: What Every Responsible Canadian Should Know." The Toronto Sun, 1987.

Institute of Medicine and National Academy of Science. Mobilizing Against AIDS: The Unfinished Story of a Virus. Cambridge, MS: Harvard University Press, 1986.

Moffatt, B.C. When Someone You Love Has AIDS: A Book of Hope for Family and Friends. Santa Monica, CA: IBS Press, 1986.

Leishman, Katie, "The Second Stage of the Epidemic--Heterosexuals and AIDS," The Atlantic Monthly, February 1987, pp. 39-58.

Special Issue: "Quality of Care for AIDS Parents," Parts I or II, The Quality Review Bulletin, Vol. 12, No. 8, August, 1986; Vol. 12, October, 1986. (Joint Commission on Accreditation of Hospitals, Chicago.)

Kelman, Arnold S. "Emerging Ethical Issues," Hastings Centre Report, Vol. 15, No. 4, August, 1985. Special Supplement.

Suzuki, David. David Suzuki Talks About AIDS. Toronto: General Publishing, 1987.

Yarber, William L. AIDS: What Young Adults Should Know. Vancouver, BC: Douglas & McIntyre, 1987.

The following audio-visual materials are presented without recommendation. Preview availability and current information should be obtained from the producers/distributors. It is not the intent to provide a complete list of materials.

1. AIDS: The Facts, The Future, 1987. (15 minutes, grade 7 - adult)

   The videotape, narrated by David Suzuki, provides a general review of AIDS prevention.

2. The Immune System and AIDS, 1986. (10 minutes, grade 7 - adult)

   Describes the impact of the AIDS virus on the immune system.

*Source: Education About AIDS, Ontario Ministry of Education, May 1987. pp. 47-49. Used and supplemented with permission.

3. AIDS: A Family Experience, 1986. (20 minutes, grades 11 - adult)

   Focuses on the experiences of one man who had AIDS and the impact on his family.

   Source: The above videotapes are available free-of-charge from the Ontario Public Education Panel on AIDS (OPERA), 5th Floor, Ministry of Health, 15 Overlea Boulevard, Toronto, Ontario, M4H 1A9, (416) 945-2168, 1-800-268-6066.

4. AIDS: What You Need to Know (Revised 1987).

5. AIDS: A Report, 1987. (50 minutes, grades 11 - adult)

   This videotape, presented by David Suzuki, highlights the immune system and AIDS. The program was initially viewed on March 11, 1987, "The Nature of Things."

   Source: CBC Enterprises, Box 6440, Station A, Montreal, Quebec H3C 3L4, 1-800-361-5154.

6. AIDS: What Everyone Wants to Know, 1985. (18 minutes, grades 9/10-adult)

   Discusses the important facts about AIDS and includes a story about a strickened family.

   Source: Gordon Watt, 33 Kelfield Street, Rexdale, Ontario M9W 5A2 (416) 245-7800.

7. VD: More Bugs, More Problems, 1985. (20 minutes, grades 9-12)

   Provides a review of sexually transmitted diseases, emphasizing AIDS and chlamydia. Personal responsibility is emphasized.

   Source: Omega Films, 70 Milner Avenue, Unit 5A, Scarborough, Ontario M1S 3P8, (416) 291-4733.

8. The Subject is AIDS, 1987. (19 minutes, grades 9-12)

   This is a revised version of "Sex, Drugs and AIDS" with emphasis on abstinence as the most effective way to prevent AIDS.

   Source: Mobius Productions, 183 Davenport Road, Toronto, Ontario, (416) 964-8484.

9. About AIDS, 1986. (15 minutes, grade 11 - adult)

   Factual presentation of the disease, AIDS.

   Source: International Tele-film, 33 Kelfield Street, Rexdale, Ontario M9W 5A2, (416) 245-7800.